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STATE OF COLORADO

DR2174 (12/22/09)

POWER OF ATTORNEY FOR A MOTOR VEHICLE

ANY ALTERATION OR ERASURE VOIDS THIS POWER OF ATTORNEY

- Colorado licensed motor vehicle dealers shall use this form when the title is physically held by a lienholder or the original title has been lost.
- · This form may be used by an individual or entity to sign as both the buyer and seller to acknowledge the odometer reading.
- This form must be submitted with the title application documents.
- Federal and state law requires that you state the mileage in connection with the transfer of ownership.
 Failure to complete or providing a false statement may result in fines and/or imprisonment and may make you liable to your transferee pursuant to 49 U.S.C. 32709.

VEHICLE IDENTIFICATION NUMBER (VIN)	VEHICLE YEAR	R MAKE	BODY TYPE				
TRANSFEREE'S (DEALER/BUYER) PRINTED NAME		YER					
TRANSFEREE'S ADDRESS (STREET, CITY, STATE, ZIP)	VA 9						
ODOMETER DISCLOSURE STATEMENT							
CURRENT ODOMETER READING (NO TENTHS OF MILES)	TO THE BEST OF MY KNOWLEDGE: THE ODOMETER READING IS THE ACTUAL MILEAGE OF THE VEHICLE.						
	☐ THE ODOMETER READING IS IN EXCESS OF ITS MECHANICAL LIMITS.						
	☐ THE ODOMETER READING IS NOT THE ACTUAL MILEAGE - WARNING - ODOMETER DISCREPANCY.						
I, as transferor, appoint the transferee as my a stated in my disclosure, and to transfer my int second degree, that the information on this do	terest in the vehicle des	cribed above. I furect to the best of	urther certify, under penalty of perjury in the				
TRANSFEROR'S (SELLER'S) SIGNATURE		TRANSFEROR'	TRANSFEROR'S (SELLER'S) HAND PRINTED NAME				
TRANSFEROR'S ADDRESS (STREET, CITY, STATE, ZIP)							
TRANSFEREE'S (DEALER AGENT/BUYER) SIGNATURE		TRANSFEREE'S	TRANSFEREE'S (DEALER AGENT/BUYER) HAND PRINTED NAME				
I CERTIFY UNDER PENALTY OF PERJURY FOR THE VEHICLE DESCRIBED ABO			AVE RECEIVED AND REVIEWED THE TITLE STIONS OF MILEAGE DISCREPANCIES.				
SIGNATURE OF PERSON EXERCISING POWER OF ATTORNEY		HAND PRINTED	HAND PRINTED NAME OF PERSON EXERCISING POWER OF ATTORNE				
ADDRESS (STREET, CITY, STATE, ZIP) OF PERSON EXER	RCISING POWER OF ATTORN	IEY					

